CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL 1. CIR/DIST/DIV, CODE 2. PERSON REPRESENTED 1. CIR/DIST/DIV, CODE 2. PERSON REPRESENTED									
TXE Molina, Jose Corona 3. MAG. DKT/DEF. NUMBER 4. DIST. DKT/DEF. NUM			DEF. NUMBER	5. APP	EALS DKT./DEF. N	UMBER	6. OTHER DKT	. NUMBER	
6:07-000097-001 7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGOR			ATEGORY			SON REPRESENTED		10. REPRESENTATION TYPE (See Instructions)	
U.S. v. Molina Felony					ult Defendant			Criminal Case	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=ND.F CONSPIRACY TO DISTRIBUTE NARCOTICS									
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Kennedy, Richard Wayne 924 West Houston Tyler TX 75702 Telephone Number: (903) 593-3363 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)				Signature of Presiding Audicial Officer or By Order of the Court O9/06/0007 Date of Order Répayment or partial repayment ordered from the person represented for this service at time of appointment.					
CLAIM FOR SERVICES AND EXPENSES						VIDERAL PROPERTY STATES AND APPEARING	FOR COURT USE	ONLY	
	CATEGORIES (Attach itemization of se	ervices with dates)	c	HOURS LAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	
15.	a. Arraignment and/or Plea								
I n	b. Bail and Detention Hearings								
	c. Motion Hearings								
	d. Trial								
 C	e. Sentencing Hearings				J.		100		
0	f. Revocation Hearings								
u r t	g. Appeals Court								
	h. Other (Specify on additional sheets) (Rate per hour = \$) TOTALS:		TALS:						
16.	a. Interviews and Conferences								
O									
u t	b. Obtaining and reviewing records								
o f	c. Legal research and brief writing								
	d. Travel time							0.00 mg/s	
C u u	e. Investigative and Other work	(Specify on addition	al shcets)						
- E	(Rate per hour = S		TALS:	Ø OPTEN SØÆSENDE ALMSA SKI					
17.		g, meals, mileage, e	- New York						
18.	Other Expenses (other than expe	rt, transcripts, etc.)	<u>) </u>						
	GRAND TOTALS (C	LAIMED AND AD	JUSTED):						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO				CE	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION				
22. CLAIM STATUS Final Payment Intertim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: Date:									
APPROVED FOR PAYMENT COURT USE ONLY.									
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL E				49-98-AVR-47271 (42-54-425-42)			27. ТОТА	27. TOTAL AMT. APPR/CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					DATE	DATE		E / MAG. JUDGE CODE	
29.	IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPE				32. OTHE	32. OTHER EXPENSES		33. TOTAL AMT. APPROVED	
34.	SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.					DATE		34a. JUDGE CODE	